


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90376 045 \*\*\*\*61.25

<b>DOCUMENT # 748826</b> 1. Entity Name THE PREACHING OF THE CROSS, INC.					
Principal Place of Business 701 WOODLEY AVE. EDGEWATER, FL 32132			Mailing Address P.O. BOX 866 EDGEWATER, FL 32132-1707		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1977709	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  STRYDOM, DESMOND 716 CORAL TRACE BLVD. EDGEWATER, FL 32132				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2428 Kumquat Dr. City Edgewater FL Zip Code 32141	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FUHRMANN, TODD 117 WILKINSON AVE EDGEWATER, FL 32132	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PORTA, SCOTT 200 DALE AVE EDGEWATER, FL 32132	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 708 W. Park Ave., Unit D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FUHRMANN, TAMARA 117 WILKINSON AVE EDGEWATER, FL 32132	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTA, JENNIFER 200 DALE AVE EDGEWATER, FL 32132	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T 708 W. Park Ave., Unit D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, CAREN 2620 PINE TREE DR EDGEWATER, FL 32141	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, CAROL 705 SOUTH BEACH STREET DAYTONA BEACH, FL 32114	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Jennifer Porta</u> <u>Jennifer Porta</u> <u>4/23/08</u> <u>386-428-7656</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					